



{INSERT AGENCY NAME –PROGRAM NAME}

Active Parental Consent Form

Participant Name:			Date of Birth:
Child's Age:	Grade:	Circle One: MALE FEMALE	Program Location:
Home Address:			
Parent/Legal Guardian Name:		Work Phone:	Cell Phone:

{INSERT AGENCY NAME} has received a grant from the Arizona Department of Health Services (ADHS) to deliver the {INSERT NAME OF PROGRAM and/or CURRICULUM}. During the time your child will spend in the program, they will explore their own growth and development. This unique program will involve your child in discussions regarding communication, healthy relationships, goals & peer pressure and allow him/her to make a difference in the community through service learning projects. The program promotes progress in school and avoidance of behaviors which may hinder your child's opportunities for successful growth and achievement; overall the program aims to address and prevent teen pregnancy. All program information has been shared with and approved for delivery by the school/agency administrators.

The ADHS funding provided for this program also includes a pre and post evaluation which requires parental consent. There are two separate evaluation administered; one for ADHS and the other Wyman. We require consent for each of these evaluations.

Consent to Participate in Surveys & Data Collection for ADHS

The ADHS evaluation has been reviewed and accepted by the ADHS Human Subjects Review Board. In compliance with the Human Subjects Review Board, no names or birthdates are collected on the evaluation and no identification numbers are assigned. No data will be reported by individuals, classroom or schools. Only aggregate (group) data will be reported so there is nothing to identify a youth who completes the evaluation. All evaluation information will be kept confidential. ADHS and approved contractors operate a secure environment to collect and store information from student participants enlisted in the {INSERT PROGRAM NAME and/or CURRICULUM}. ADHS will collect the following types of information directly from participant evaluations:

- Demographics – Age, race, ethnicity, gender, and county of residence
- Health information - Pregnancy, views toward abstinence, and consequences of teen sexual activity
- Skills – decision-making, refusal, and negotiation skills
- Other – knowledge about healthy relationships, peer influence, self-esteem and self-efficacy
- Opinions about their experience during their participation in the program and program satisfaction

I understand that 1) ADHS will use the participants' responses for the purpose of program improvement, assessing whether critical program components or activities were implemented and whether they had an impact upon determinants, important behaviors and overall health goals; 2) that participating in the evaluation is voluntary and that I may elect for my child to participate or discontinue participation in the program and evaluation at any point without any risk; 3) that if consent is not provided, arrangements will be made in conjunction with school/site personnel to ensure an alternative placement is identified during program facilitation; 4) that ADHS will not require my child to disclose more information than is reasonably necessary as a condition of participation; 5) that I can request to view of the curriculum and/or evaluation tool at any time; 6) that ADHS will not share individual responses with third parties, schools personnel, parents or staff ; and 7) that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

Consent to Participate in Survey & Data Collection for Wyman

I give my consent for my child to participate in Wyman surveys. In compliance with Children's Online Privacy Protection Act (COPPA), Wyman provides the following information to survey participants. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program®.

Wyman collects the following types of information directly from TOP® participants through online surveys:

- Opinions about their experience in TOP®
- Demographics – Zip code, ethnicity, gender, most frequent guardian, parents' education level
- School records - Grade in school, absences, truancy, suspension, course failure, graduation and schooling plans
- Health information - Pregnancy, parenting

I understand Wyman uses the participants' responses to improve the Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose to participate or discontinue participation at any point in the process without risk of losing Wyman's services. I am also aware Wyman will not require my child to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware Wyman will use and may share responses with third parties to market Teen Outreach Program® to increase awareness and funding and that Wyman will not disclose my child's identifying information to third parties or program staff. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions. For a sample report on how Wyman compiles and reports this data, go to www.wymantop.org

I give my consent to allow my child to participate in **Wyman's Teen Outreach Program (TOP®)**: ☐ YES ☐ NO

I give my consent to allow my child to participate in the **ADHS Evaluation**: ☐ YES ☐ NO

I give my consent to allow my child to participate in the Wyman Evaluation: ☐ YES ☐ NO

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name (Please Print): _____

****For questions concerning program and/or ADHS Evaluation: {INSERT CONTACT NAME & PHONE NUMBER} ****